## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

		CLAIMS AS	S FILED - PART ( (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	<del>-</del>	
TOTAL CLAIMS			12					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			12 min	us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ mi	nus 3 =	*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	740.
CLAIMS AS AMENDED - PART II										•	OTHER	
		(Column 1)	•	(Colu		(Column 3)	<b>4</b> .	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HiGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 14	Minus	** Ó	20	=	$\frac{1}{2}$	X\$ 9=		OR	X\$18=	$\mathcal{Y}$
	Independent	* /	Minus	*** (	3		1	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		J	+140=		OR	+280=	
								TOTAL		•	TOTAL	
:		(Column 1)		(Colu	mn 2)	(Column 3		ADDIT, FEE	<u> </u>	3	AUDIT. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		ÓB	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	TCLAIM		J	1140-			1380-	· · · ·
								TOTAL		•	TOTAL	
		[ · · · • · · · · · · · · · · · · · · ·						ADDIT. FEE	OR SMALL ENTITY  E FEE 370.00 OR BASIC FEE 740.00  = OR X\$18= OR X84= OR +280= OR TOTAL 740 OTHER THAN SMALL ENTITY  E ADDI- TIONAL FEE OR X\$18= OR X84= OR ADDIT FEE OR X\$18= OR TOTAL FEE OR X\$18= OR X\$10= OR X\$18= OR X			
_		(Column 1)	1		mn 2) HEST	(Column 3	۱,					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	IBER OUSLY FOR	PRESENT		RATE	TIONAL		RATE	TIONAL
₹ Q	Total	<b>a</b> .	Minus	**		=		X\$ 9=		OR	X\$18=	
WE.	Independent	*-	Minus	***	4		4	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=			+280=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  A								TOTAL			TOTAL	
**	*If the "Highest Nu	mber Previously F	aid For" IN TH	IS SPACE	is less that	ın 3, enter "3."	TYPE					
¥	The "Highest Nun	nber Previously Pa	uo For (Total o	r inaepeni	zent) is the	e nignesi numi	Jer TO	ин ше ар	hiohirere no	A III CC	ruffill 1.	

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